



CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the below date:

Date: 5/6/04 Name: Amir N. Penn

Signature:

BRINKS
HOFER
GILSON
& LIONE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Larry A. WINTER, et al.

Appln. No.: 09/421,713

Filed: October 20, 1999

For: METHOD AND SYSTEM FOR FACILITATING,
COORDINATING AND MANAGING A
COMPETITIVE MARKETPLACE

Attorney Docket No: 10022-415

Examiner: Abdi Kambiz

Art Unit: 3621

RECEIVED

MAY 12 2004

GROUP 3600

TRANSMITTAL

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached is/are:

Transmittal Letter; Change of Correspondence Address; Fee Address Indication Form
 Return Receipt Postcard

Fee calculation:

No additional fee is required.
 Small Entity.
 An extension fee in an amount of \$ _____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).
 A petition or processing fee in an amount of \$ _____ under 37 C.F.R. § 1.17(____).
 An additional filing fee has been calculated as shown below:

		Small Entity			Not a Small Entity				
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus			x \$9=			x \$18=	
Indep.		Minus			x 43=			x \$86=	
First Presentation of Multiple Dep. Claim					+\$145=			+\$290=	
					Total	\$		Total	\$

Fee payment:

A check in the amount of \$ _____ to cover the above-identified fee(s) is enclosed.
 Please charge Deposit Account No. 23-1925 in the amount of \$ _____. A copy of this Transmittal is enclosed for this purpose.
 Payment by credit card in the amount of \$ _____ (Form PTO-2038 is attached).
 The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted,

Amir N. Penn (Reg. No. 40,767)

5/6/04

Date



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS

Application

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/421,713
Filing Date	October 20, 1999
First Named Inventor	Larry A. WINTER, et al.
Art Unit	3621
Examiner Name	Abdi Kambiz
Attorney Docket Number	10022-415

Please change the Correspondence Address for the above identified application to:

Customer Number 28164 – Accenture - Chicago

Type Customer Number Here

Place Customer Number Bar Code Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Brinks, Hofer, Gilson & Lione			
Address	P. O. Box 10395			
Address				
City	Chicago	State	IL	Zip
Country	USA			
Telephone	312-321-4200	Fax	312-321-4299	

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "request for Customer Number Data Change" (PTO/SB/124).

RECEIVED

MAY 12 2004

GROUP 3600

I am the

- Applicant/Inventor
- Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or Agent of record.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Typed or Printed

Name Amir N. Penn (40,767)

Signature Amir N. Penn

Date 5/6/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.